

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/528,369-Conf. #6217
TOTAL AMOUNT OF PAYMENT (\$) 810.00		Filing Date	March 3, 2005
		First Named Inventor	Iwao KATSUYAMA
		Examiner Name	Archie, Nina
		Art Unit	1645
		Attorney Docket No.	1422-0666PUS1

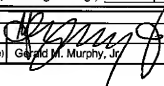
METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim under 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185
Total Claims Extra Claims Fee (\$) Fees Paid (\$)	Multiple Dependent Claims Fee (\$) Fees Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims Extra Claims Fee (\$) Fees Paid (\$)		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
_____	_____	_____	_____
- 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____		Fees Paid (\$)	

4. OTHER FEE(S)		
Non-English Specification, \$130 fee (no small entity discount)		Fees Paid (\$)
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...		810.00

SUBMITTED BY			
Signature: 	Registration No. (Attorney/Agent)	28,977	Telephone (703) 205-8000
Name (Print/Type) Gerald M. Murphy, Jr.	Date MAY 20 2008		